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PIONEER HI-BRED DSM

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27310 7590 02/09/2006

PIONEER HI-BRED INTERNATIONAL, INC.
7250 N.W. 62ND AVENUE
P.O. BOX 552
JOHNSTON, IA 50131-0552

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Kathryn K. Lappéard

(Depositor's name)

Kathryn K. Lappéard

(Signature)

May 9, 2006

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/042,894 | 01/09/2002 | Jinru Shi | 1286 | 5731 |

TITLE OF INVENTION: NOVEL INOSITOL POLYPHOSPHATE KINASE GENES AND USES THEREOF 05/09/2006 CNGUYEN1 00000044 161852 10042894

91 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 05/09/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| BAUM, STUART F | 1638 | 800-278000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Pioneer Hi-Bred International, Inc.
2 Kathryn K. Lappéard
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Pioneer Hi-Bred International, Inc.
E.I. du Pont de Nemours and Company

Johnston, IA 50131

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kathryn K. Lappéard

Date May 9, 2006

Typed or printed name Kathryn K. Lappéard

Registration No. 46,857

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FAX TRANSMISSION

7100 N.W. 62nd Avenue
P.O. Box 1000
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Phone: (515) 253-5707
Fax: (515) 334-6883

TO: MAIL STOP ISSUE FEE
COMMISSIONER FOR PATENTS
U.S. PATENT AND TRADEMARK OFFICE

FROM: KATHRYN LAPPEGARD

RE: U.S. PATENT APPLICATION SERIAL NO. 10/042,894
ATTORNEY DOCKET NO. 1286E

DATE: 05/09/06 FAX NUMBER: (571) 273-2885

NUMBER OF PAGES FOLLOWING THIS SHEET: 1

COMMENTS:

TRANSMISSION INCLUDES THE FOLLOWING:

Fees(s) Transmittal (1 Page)

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